RESEARCH NOTE

DOES TRANSOVARIAL TRANSMISSION OF DENGUE VIRUS OCCUR IN MALAYSIAN AEDES AEGYPTI AND AEDES ALBOPICTUS?

HL Lee, I Mustafakamal and A Rohani

Division of Medical Entomology, Institute for Medical Research, Jalan Pahang, 50588 Kuala Lumpur, Malaysia

Dengue is a disease of great public health importance in many tropical areas of the world, causing considerable morbidity and in some regions, significant mortality (WHO 1975; Halstead 1980). It is caused by four antigenically related virus serotypes which are dengue type 1, 2, 3 and 4 virus. The principal vector of dengue virus in urban areas is the highly domesticated Aedes aegypti, whereas Ae. albopictus is an important vector in some rural areas. Both species can breed in artificial and natural containers. In Southeast Asia, dengue epidemics usually take place during the rainy months and are correlated with increased vector populations and bleeding habitats (WHO, 1975). The cyclic nature of dengue epidemics and how the virus is maintained during interepidemic periods in areas where epidemics have occurred previously pose questions which have led to studies to evaluate the importance of transovarial transmission in dengue virus maintenance. Transovarial transmission of all four dengue serotypes in mosquitos has been demonstrated experimentally. The mosquito species in which dengue virus has been transovarially transmitted are Ae. albopictus (Mitchell and Miller, 1990; Rosen et al, 1985; Rosen, 1988), Ae. aegypti (Chen et al, 1990; Rosen et al, 1985), Ae. mediovittatus (Freir and Rosen, 1988), Ae. alcasidi, Ae. cooki, Ae. herbrideus, Ae. katherinensis, Ae. malayensis, Ae. polynesiensis, Ae. pseudoscutellaris and Ae. tongae tabu (Freir and Rosen, 1987).

Information on the ability of the local vectors to transmit dengue virus transovarially will be useful in assisting the public health personnel and the general public in implementing a more effective campaign against dengue and its vectors; for if transovarial transmission of dengue virus is confirmed, the control of the immature stages of *Aedes* mosquito and the elimination of breeding sources must be further emphasized and prioritized. This study was therefore initiated to investigate the pos-

sibility of such mechanism for dengue virus transmission in two Malaysian species of dengue vectors, namely, Ae. aegypti and Ae. albopictus.

Malaysian strains of Ae. albopictus and Ae. aegypti were used for the experiment. Both strains were maintained in Division of Medical Entomology, Institute for Medical Research, Kuala Lumpur and are free of dengue infection. Mosquitos were reared at ambient temperature and relative humidity. Eggs laid by the starting mosquito generations were pooled according to species, hatched, and the immature instars were reared to adults. The females (4-5 days old) were collected and membranefed with infectious blood meal. A second feeding, with normal blood, was given 7 days later when they were 11-12 days old. Only fully engorged females were collected and placed in separate cages for egg laying. Two batches of eggs from the different ovarian cycles were collected from each species with each batch of eggs collected until the 5th day after each blood meal. The two batches of F-2 eggs of the starting colony of each species were reared separately to the fourth instar larvae and pooled for virus isolation. All four serotypes of dengue virus were employed. They were originally obtained from human sera and stored in the Division of Virology, Institute for Medical Research, Kuala Lumpur; and had been passaged once in Ae. albopictus C6/36 cell cultures prior to the experiment. Pools of larvae were ground in chilled eppendorf tubes with 1.5 ml of a growth medium (Eagle's minimum essential medium, MEM), supplemented with 5% fetal bovine serum (FBS), 0.2 mM of non-essential amino acids and antibiotics. The mosquito suspensions were then centrifuged at 14,000 rpm for 15 minutes at 4°C and the mosquito supernatants were used for virus isolation in culture tubes with C6/36 cell monolayers (Maneekarn et al, 1993). The presence of dengue virus was detected by peroxidase antiperoxidase (PAP) staining (Maneekarn et al, 1993). To further confirm the presence of dengue virus, mosquito supernatants were subjected to reverse-transcriptase polymerase chain reaction (RT-PCR) (Maneekarn et al., 1993). Briefly, cell culture fluid (5 µl) was treated with 5 µl of a mixture containing 1% Nonidet P-40 and 10 units of RNase inhibitor in PBS for 1 minute at room temperature. This was followed by addition of 90 µl RT-PCR mixture containing 100 pmol of each universal primer (TCAATATGCTGAAACG-CGCGAGAAACCG and TTGCACCAACAGT-CAATGTCTTCAGGTTC), 0.2 mM each of deoxynucleoside triphosphate (dATP, dCTP, dGTP, dTTP), 10 mM Tris (pH 8.9), 1.5 mM MgCl,, 80 mM KCl, 0.5 mg/ml bovine serum albumin, 0.1% sodium cholate, 0.1% Triton X-100, 10 units of reverse transcriptase and 2 units of Tth DNA polymerase. The reaction mixture was overlayered with 2 drops of mineral oil and each tube was placed in a Perkim-Elmer-Cetus thermal cycler which was programed to incubate at 53°C for 10 minutes (for reverse transcription) followed by 35 cycles of: denaturation at 94°C for 1 minute, annealing at 53°C for 1.5 minutes and extension at 72°C for 2 minutes. After amplification, 15 µl of PCR product was electrophoresed on 3% agarose, stained with ethidium bromide, visualized under UVL and photographed.

None of the 16 pools (480 individuals) of Ae. aegypti and 14 pools (420 individuals) of Ae. albopictus L4 reared from the first batch of eggs were positive with dengue virus (Table 1). However, six of 13 pools (390) individuals) of Ae. aegypti, and none of 15 pools (450 individuals) of Ae. albopictus reared from the second batch of eggs were tested positive with dengue virus. Minimum filial infection rate (MFIR) for the Ae. aegypti L4 was 1:65 (Table 2). Pooled specimens were confirmed positive with dengue virus after a second passage in cell culture. For the purpose of comparison, culture fluids of 2 pools diagnosed positive by PAP staining were also re-confirmed by RT-PCR.

Thus the transovarial transmission of dengue virus was demonstrated in Ae. aegypti. Despite the fact that transovarial transmission of dengue virus was not demonstrated by the strain of Ae. albopictus, results of the negative test should be considered inconclusive. Studies have shown that transovarial transmission of dengue virus by Ae. albopictus varied extensively depending on the strain of virus and geographic strain of mosquito (Rosen et al,

Table 1

Minimum filial infection rates (MFIR) for Aedes aegypti and Ae. albopictus fourth instar larvae (L4) from the first ovarian cycle of females fed on a dengue virus infected blood meal.

Species	No. L4 examined	Pools (Positive/total)	MFIR
Aedes aegypti	480	0/16	< 1:480
Ae. albopictus	420	0/14	< 1:420

Table 2

Minimum filial infection rate (MFIR) for Aedes aegypti and Ae. albopictus fourth instar larvae (L4) from the second ovarian cycle of females fed on a dengue virus infected blood meal.

Species	No. L4 examined	Pools (Positive/total)	MFIR
Aedes aegypti	390	6/13	1:65
Ae. albopictus	450	0/15	< 1:450

1985). The demonstration of transovarial transmission of dengue virus in the strain of Ae. aegypti suggests that Ae. aegypti, the principal vector species in urban areas, may play a significant role in the maintenance of dengue virus in nature, in the absence of susceptible hosts or when climatic conditions are unfavorable for mosquito activity. The presence of transovarial dengue virus in wild Aedes larvae were recently detected by Rohani et al (1996). Adults of both species originated from 6 pools of field-collected larvae were found positive for dengue virus by the tissue culture method and out of these pools, 3 pools were reconfirmed by the RT-PCR method. Of the 6 positive pools, only 1 pool came from larvae of Ae. aegypti, the remaining pools being Ae. albopictus. The possibility of the transovarial transmission of dengue virus is further enhanced by the detection of the virus in the male Ae. albopictus originated from field-collected larvae. Thus, Ae. albopictus is also important as a maintenance host in the field.

ACKNOWLEDGEMENTS

The authors thank the Director, Institute for Medical Research, Kuala Lumpur for permission to publish. We also gratefully thank the following persons from the Institute for Medical Research, Kuala Lumpur for their assistance: Ms Asmaliza Ismail; Ms Noor Rain Abdullah; Mr Zamari Mohd Ramli, Ms Nazni Wasi Ahmad, Mr Mohd. Khadri Shahar; Mr Yahya Ahmad, Mr Abdul Rahman Ismail, Mr Mohd Ezhar Abas and Mr Aziz Ahmad Dahalan.

REFERENCES

- Chen WJ, Tsai SM, Chen SL, Ko YC, Fang AH. A study on transovarial transmission of dengue type 1 virus in Aedes aegypti. Chun Hua MinKuo Wei Sheng Wu Chi Mien I Hsueh Tsa Chih 1990; 23: 259-70 (English abstract).
- Freier JE, Rosen L. Vertical transmission of dengue viruses by mosquitoes of the *Aedes scutellaris* group. Am J Trop Med Hyg 1987; 37:640-7.
- Freier JE, Rosen L. Vertical transmission of dengue viruses by Aedes mediovittatus. Am J Trop Med Hyg 1988; 39: 218-22.
- Halstead SB. Dengue haemorrhagic fever-a public health problem and a field of research. Bull WHO 1980; 58: 1-21.
- Maneekarn N, Morita K, Tanaka M, et al. Application of

- polymerase chain reaction for identification of dengue virus isolated from patient sera. *Microbiol Immunol* 1993; 37:41-7.
- Mitchell CJ, Miller BR. Vertical transmission of dengue viruses by strains of Aedes albopictus recently introduced into Brazil. J Am Mosq Control Assoc 1990; 6: 351-3.
- Rohani A, Asmaliza SI, Zainah S, Ravindran T, Lee HL.

 Detection of dengue virus from field infected
 mosquotoes using tissue culture and reversetranscriptase polymerase chain reaction. Paper presented at the 32nd Annual Scientific Seminar of the
 Malaysian Society of Parasitology and Tropical
 Medicine, Kuala Lumpur, Malaysia, 29-30 March
 1996
- Rosen L, Roseboom LE, Gubler DL, Lien JC, Chaniotis BN. Comparative susceptibility of mosquito species and strains to oral and parenteral infection with dengue and Japanese encephalitis viruses. Am J Trop Med Hyg 1985; 34:603-15.
- Rosen L. Further observations on the mechanism of vertical transmission of flaviviruses by Aedes mosquitoes. Am J Trop Med Hyg 1988; 39: 123-6.
- WHO. Technical Advisory Committee on Dengue Haemorrnagic Fever For South-East Asian and Western Pacific Regions. Technical Guides for Diagnosis, Treatment, Surveillance, Prevention and Control of Dengue Haemorrhagic Fever. World Health Organization 1975, Geneva.

232 Vol 28 No. 1 March 1997